

2019 ELDERLY EXEMPTION APPLICATION (DUE 10-31-2018)

Today's Date:	_____
Applicant:	_____
Date of Birth:	_____ (Must be born on or before 12-31-1953)
Property Address:	_____
Plat / Lot:	_____
Phone Number:	_____
E-Mail Address:	_____
Account Number:	_____
Life Estate Held By:	_____
Trustee of Trust:	_____
Beneficiary of Trust:	_____

ALTERNATE CONTACT INFO:	
Name:	_____
Relation:	_____
Address:	_____
City/State/Zip:	_____
Phone Number:	_____
E-Mail Address:	_____

Please answer the following questions;

- ☐ Yes ☐ No 1. Are you at least 65-years of age?
- ☐ Yes ☐ No 2. Is the home you are requesting exemption in your **permanent** place of residence?
- ☐ Yes ☐ No 3. Do you reside in the above referenced home at least **183-days** in a calendar year?
- ☐ Yes ☐ No 4. Are you receiving an Elderly Exemption in any other City/Town in Rhode Island?
- ☐ Yes ☐ No 5. Are you receiving an Elderly Exemption in any other state in the USA?
- Household Size: ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Other _____

In the event that any eligible property shall be owned by two or more eligible persons, only one such person may receive any such exemption. The applicant must be an owner of the property in order to receive the exemption.

Under the provisions of an ordinance granting certain assessment reductions on real estate owned **and occupied** by persons over sixty five (65) years of age who shall file qualified and certified annual statements of income with the Tax Assessor on or before **October 31st** each and every year.

Elderly exemptions are granted on a yearly basis, based on annual income from the prior calendar year. Please attach a copy of your prior years tax return along with this completed application. If you do not file annual tax returns, please complete the income information listed below.

☐ **Check this box if you do not wish to include your annual income and are just requesting the flat Elderly Exemption (if authorized by the Barrington Town Council).**

Statement of Income (from whatever source)

(a) Salary or wages:.....\$ _____
(b) Social Security:.....\$ _____
(c) Insurance Annuities:.....\$ _____
(d) Pension Distributions, Trusts, etc.:.....\$ _____
(e) Bank or other interest bearing accounts:.....\$ _____
(f) Rents or Leases:.....\$ _____
(g) Sickness or Accident Insurance:.....\$ _____
(h) Stock & Bonds:.....\$ _____
(i) Capital gain on sale of real estate, personal, or intangible property:.....\$ _____
(j) Gross income of children or others residing in home:.....\$ _____
(k) All other income:.....\$ _____
Total Income (do not count money from "Reverse Mortgages"): \$ _____

Certification:

If future tax exemptions is anticipated, I understand that I must make application to the Tax Assessor's Office **each year on or before October 31st** of the year immediately following the year for which tax exemption is requested. You also understand that the Tax Assessor is empowered to investigate, require revision of, or validate any/all of the information contained herein, and that the information herein is given subject to penalties contained in the ordinance.

I swear under penalty of perjury that the foregoing information is true, complete, and correct.

Signature: _____

Subscribed and sworn to before me, on this the _____ day of _____ (year)

_____ (Notary Public)

FOR ASSESSOR'S USE ONLY

Granted: ☐ Denied: ☐ Waiting For Tax Returns: ☐ Waiting For Proof of Age ☐

Proof that Applicant Is Registered To Vote In Barrington: ☐

Proof that Applicant Has Motor Vehicles Registered In Barrington: ☐

☐ Michael R. Minardi ☐ Joann Mangione ☐ Donna Phillips

Signature: _____ Date: _____